## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the stanutory requirement set forth in IC 5-2-15-3.

| Date:  | <u>04-28-2008</u>  | Address:                                | CK 800N at Belluah rd   |
|--|--|---|---|
| Case #:  | 14-37829   |   | Attica,In   |
| County:  | <u>Fountain</u>  |   |   |
| Type of Laboratory Seizure (check one)   |  | Seizure Location (check all that apply) |   |
|  | onal Lab<br>al/Glassware/Equipment (only)<br>ite (only)                              | Residence Outbuilding Vehicle           | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other:  |
| Items Found: Location (bedroom, kitchen, open sir, etc)  |  |   |   |
| (check all that apply)  Lithium/Ammonia Reaction(s):   |  |   |   |
| Red Phosphorous/Iodine Reaction(s):  |  |   |   |
| ☐ Flammable Solvents: open air   |  |   |   |
| Water Reactive Metal (Lithium):  |  |   |   |
| Anhydrous Ammonia;   |  |   |   |
| Hydrochloric Acid Gas Generator(s): open air   |  |   |   |
| Corrosive Acid:  |  |   |   |
| Corrosive Base:  |  |   |   |
| Other (item and location):   |  |   |   |
|  |  |   |   |
| ☐ Yes _<br>⊠ No  | er age 18 discovered (check one) (number present) eport to Child Protective Services | ☐ Ephedrin<br>☐ Retail/M                | <u>e Information</u><br>ne/Pseudoephedrine Tracking Log<br>erchant Tip<br><u>ushroom hunter</u> |
| This report is to be faxed to the following agencies that serve the location:  |  |   |   |
| Fire Depart  | ment: Attica   | Fax: <u>765-7</u>                       |   |
| Health Dep   | eartment: Fountain County  | Fax: <u>765-7</u><br>Fax:               |   |
| Child Prote  | ection Service: <u>N/A</u>   | _ ****                                  | <del>-</del>  |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: Holeman Phone 765-567-2125 |  |   |   |

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.